

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>				Application Number <b>10/672,978</b>		Filing Date <b>27 September, 2003</b>		<input type="checkbox"/> To be Mailed					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Applicant(s) <b>KATSIN, DANIEL H.</b>				Page 1 of 1					
* May be used for additional claims or amendments													
CLAIMS	AS FILED 02/04/2009		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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2		1					52						
3		1					53						
4		2					54						
5	1						55						
6		1					56						
7		1					57						
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10		1					60						
11		1					61						
12		4					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		2					68						
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49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend		20					Total Depend						
Total Claims	23						Total Claims						

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